OMB APPROVAL NO.1651-0029
EXPIRATION DATE 2/28/2022

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

APPLICATION FOR FOREIGN-TRADE ZONE ACTIVITY PERMIT

19 CFR 146.52, 146.66

ZONE NO. AND LOCATION *(Address)*	ZONE ADMISSION NO.
Zone No: Address: _____ City: State: _____ Zip Code:	APPLICATION DATE *(mm/dd/yyyy)*

TYPE OF ACTIVITY FOR WHICH PERMIT REQUESTED

☐ Manipulate ☐ Manufacture ☐ Exhibit ☐ Destroy ☐ Temporary Removal

FULL DESCRIPTION OF THE ACTIVITY *(Include designation of the exact place in zone where the operation is to be performed and, in the case of a proposed manipulation or manufacture, a statement as to whether merchandise with one zone status is to be packed, commingled, or combined with merchandise having different zone status. If additional space required, attach separate sheet. If first application for manufacturing of this kind, state whether Foreign-Trade Zones board has occurred in proposed operation.)*

ZONE LOT NO. OR UNIQUE IDENTIFIER	MARKS AND NUMBERS	DESCRIPTION OF MERCHANDISE	QUANTITY	WEIGHTS, MEASURES	ZONE STATUS

If any merchandise is to be manipulated in any way or manufactured, I agree to maintain the records provided for in sections 146.21(a), 146.23, and 146.52(d) of the Customs Regulations and to make them available to CBP officers for inspection.

APPLICANT FIRM NAME	BY *(Signature)*	TITLE
APPROVED BY FOREIGN-TRADE ZONE OPERATOR ➧	BY *(Signature)*	TITLE

PERMIT

The application made above is hereby approved and permission is granted to manipulate, manufacture, exhibit, destroy, or temporarily removed, as requested, on condition that the applicable regulations are complied with and the records required to be maintained will be available for inspection.

PORT DIRECTOR OF CBP: By *(Signature)*	TITLE	DATE (*mm/dd/yyyy*)

FTZ OPERATOR'S

TO THE PORT DIRECTOR OF CBP:

I certify that the goods described herein have been disposed of as directed except as noted below.

FOR THE FTZ OPERATOR: *(Signature)*	TITLE	DATE (*mm/dd/yyyy*)

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0029. The estimated average time to complete this application is 10 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 90 K Street NE, Washington, DC 20229.